Preterm Delivery for Singleton Births

Publicly funded services to address Preterm Delivery are described in First Steps and Substance Abuse Services for Pregnant Women

Key Findings:

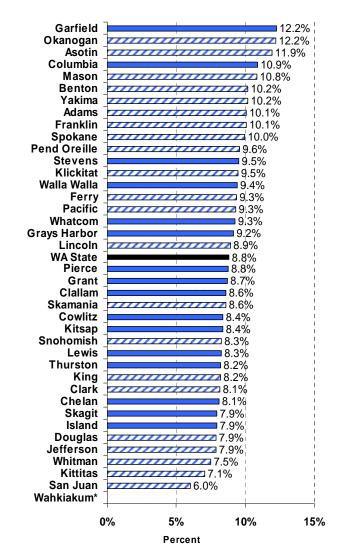
- Trends in preterm delivery have been greatly influenced by the rise in multiple births. Therefore, these data are limited to singleton (one baby) births, unless otherwise noted.
- Total preterm delivery (includes multiple births) in Washington increased from 8.4% in 1993 to 10.0% in 2003. During the same period, singleton preterm delivery increased from 7.6% to 8.8%. Nationally, total and singleton preterm delivery has also been increasing. In 2003, 12.3% of all births in the US were preterm, and 10.6% of singleton births in the US were preterm. 1,2
- The rate of singleton preterm birth is almost twice the singleton low birthweight rate. Almost 70% of singleton preterm infants born in Washington from 2001-2003 were normal birthweight (≥ 2500 grams) (Data not shown.)
- White women and Non-Hispanic women in Washington State had significantly lower singleton preterm delivery rates compared to women of other races/ethnicities.^{1,a}
- TANF recipients were significantly more likely to have a singleton preterm delivery than other Medicaid or non-Medicaid women.^{3,a}
- From 2001-2003, women ages 25 to 34 were significantly less likely to have a preterm delivery than both older and younger women.^{1,a}

Definition: Preterm delivery is defined as a live birth before 37 completed weeks of gestation. This report is limited to data on singleton (one baby) births, unless otherwise noted.

Washington is not yet meeting the Healthy People 2010 objective to reduce overall preterm birth to no more than 7.6 per 100 births.⁴

County 1,a

Percent of Singleton Preterm Deliveries by County* WA, 2001-2003

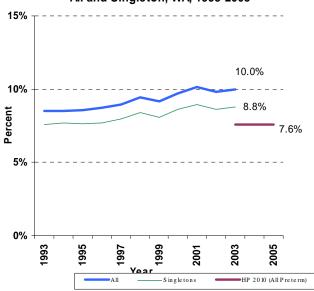


* County rate not calculated if fewer than 5 events

Significantly different from state based on 95% confidence intervals

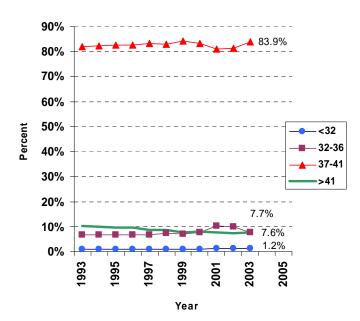
Time Trend 1,4

Percent of Total Births that were Preterm Deliveries All and Singleton, WA, 1993-2003



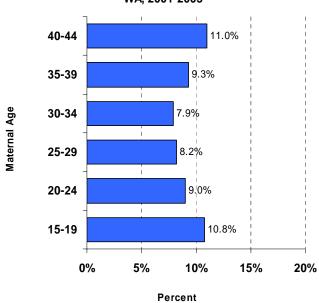
Time Trend by Gestational Age 1

Percent of Singleton Births By Gestational Age, 1993-2003



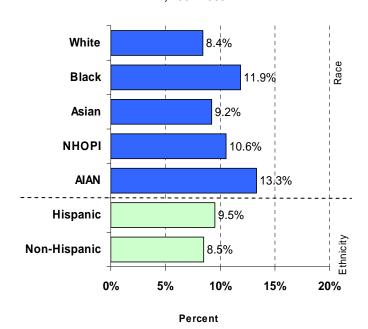
Age^{1}

Percent of Singleton Preterm Deliveries By Maternal Age WA, 2001-2003



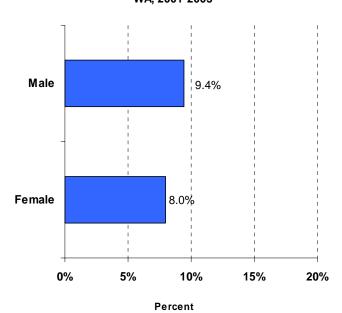
Race and Ethnicity 1,b,c

Percent of Singleton Preterm Deliveries By Race and Ethnicity WA, 2001-2003



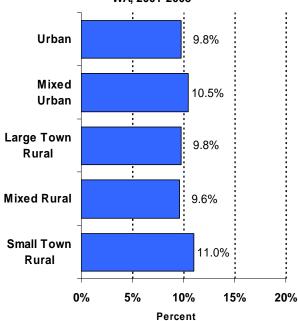
Infant Gender 1

Percent of Singleton Preterm Deliveries By Infant Gender WA, 2001-2003



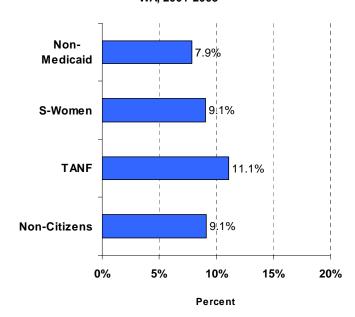
Rural and Urban Residence 5,d

Percent of Singleton Preterm Deliveries By Urban and Rural Residence WA, 2001-2003



Medicaid Status³

Percent of Singleton Preterm Deliveries By Medicaid Status* WA, 2001-2003



*Medicaid women received maternity care paid for by Medicaid. They are divided into three major subgroups (from highest to lowest socioeconomic status): S-Women - those women who are citizens and eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL, TANF - those women who are very low income (generally < 50% FPL) and receive cash assistance (TANF) in addition to Medicaid, and Non-Citizens - those women who are not citizens and are eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL. Non-citizens are not eligible for TANF although their incomes are often lower than women on TANF. All three Medicaid groups have incomes below most Non-Medicaid women.

Data Sources

- Washington State birth certificate data: Vital Statistics 2003, Washington State Department of Health, Center for Health Statistics, March 2005.
- Martin JA, Hamilton RE, Sutton PD, et al. Births: Final Data for 2003: National Vital Statistics reports; Vol 54 No. 2, Hyattsville, MD: National Center for Health Statistics, 2005.
- Cawthon, L. Preterm (<37 weeks) by Medicaid eligibility, for singleton live births with valid gestational age, 2001-2003, Washington State Department of Social and Health Services, First Steps Database, 5/10/05
- Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.
- Washington State Department of Health, Office of Community and Rural Health, November 2005.

Endnotes

- a. Significance was determined based on 95% Confidence Intervals
- b. AIAN American Indian/ Alaska Native
- c. NHOPI Native Hawaiian/Other Pacific Islander
- Rural urban differences are based on county level RUCA codes calculated using 2000 census data (see Technical Notes for description of RUCA codes)